

**(Insert Local Area Name here) Workforce Development Board
Local Incumbent Worker Pre-Award Questionnaire**

Business: _____

Name: _____

Date: _____

Phone: _____

Email: _____

What type(s) of training are you interested in for your employees? *(List all)* _____

Do you need assistance from (insert Local Area name here) Workforce Development Board in exploring training topics, finding a training provider, etc.? *(If yes, (insert Local Area name here) WDB contact information below)*

Yes	No
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Approximately how many employees would participate in the training(s)? _____

Have the above employees been employed with your business for at least six (6) months prior to the anticipated start date for training(s)?

Yes	No
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Has the business been in operation in NC for 12 months?

Yes	No
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What's your estimated timeline for the training(s) to occur? _____

Please indicate location of business (Must be in the (insert Local Area name here) WDB Region which includes the counties of: (insert Local Area county(ies) here).

Yes	No
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Is your business current on all federal, state, and local taxes? *(If no, your application is not disqualified but you will need to provide documentation of your payment plan agreement in your application.)*

Yes	No
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Has your business previously received a state sponsored Incumbent Worker Grant?

Yes	No
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Has your business established an employer account on the state's online workforce system – <https://www.ncworks.gov/>? If not, please set up your free account before submitting this form.

Have you contacted the Small Business Technology and Development Center (SBTDC) at the *(Insert Local Community College)* location regarding the availability of free training programs related to the training you are interested in through this grant for your employees? **See below for an email template.*

Yes, but does not meet my needs.

Yes, there are trainings available to meet my needs.
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Contact Information:

(insert Local Area contact and title here)

Small Business Technology Development Center: (insert location here)

[\(insert email address and telephone number\)](#)

No

	Comments: _____ _____ _____
<p>Have you contacted the appropriate NC Community College's Customized Training department regarding the availability of free training programs related to the training you are interested in through this grant for your employees? <i>*See below for an email template.</i></p> <p>Contact information for (Local Area) Community College (s):</p> <p>(insert contact information here)</p>	<p>Yes, but does not meet my needs.</p> <p>Yes, there are trainings available to meet my needs.</p> <p>No</p> <p>Comments: _____ _____ _____</p>

I hereby certify that the above information is, to the best of my knowledge, true and correct.

Business Representative Print Name: _____

Business Representative Signature: _____

Date: _____

Submit Pre-Award Questionnaire to:

(Insert name here), Business Services Representative, (insert Local Area name here) Workforce Development Board

(Insert contact information here)

***Email Template to use for communication to your Local NC Community College and the SBTDC:**

I am emailing you because my business is applying for Local Area name Incumbent Worker grant. My business is interested in trainings in the areas of

_____.

Please advise as to whether you offer a training at no cost on these topics. Thank you.